

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES

744 P STREET, MS 8-3-54 SACRAMENTO, CA 95814



August 01, 2013

FOREST RIDGE YOUTH SERVICES: WALLINGFORD-602300063
PO BOX 515
ESTHERVILLE, IA 51334

SUBJECT:

Re-Certification by the California Department of Social Services (CDSS)

Capacity:

Up to 78 female youth; age 12-17

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for the Forest Ridge - Wallingford cottages, located at 4502 and 4510 230th Steet, Wallingord, lowa 51365 is continued through June 2014.

California licensing standards require that all serious incidents continue to be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- a. Deaths
- b. Suicide attempts
- c. Suspected physical, sexual, or psychological abuse
- d. Epidemic outbreaks and catastrophes
- e. Injuries and illnesses that require hospitalization or medical treatment (beyond first-aid)
- f. Use of restraint (whether or not they result in an injury to a child)
- g. Any unusual incident or absence that threatens the health or safety of a child

Certification will continue to be reviewed annually. We will continue to follow our Department policy which authorizes us to inspect facilities with or without an appointment as necessary.

If you have any questions please contact me at (916) 651-5380, or Carol Lancaster, Out-of-State Certification Analyst, at (916) 838-5751.

Sincerely.

MEI YUK KUNG Program Chief

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MT 8-3-64 SAGRAMENTO, GA 88814

FACILITY EVALUATION REPORT

Director

FACILITY NAME: FOREST RIDGE YOUTH SERVICES: WALLINGFORD FACILITY NUMBER: 602300063 **ADMINISTRATOR: JENNIFER SIEVERT** FACILITY TYPE: 731 ADDRESS: **4502 230TH STREET** TELEPHONE: (712) 867-4724 WALLINGFORD CITY: 51365 STATE: IA ZIP CODE: CAPACITY: CENSUS: DATE: Case Management Ce-Cert 08/11/2013 UNANNOUNCED TYPE OF VISIT: TIME BEGAN: 09:30 AM MET WITH: Jen Sievert, Executive Director, Shawn Connelly, Assist. Exec. Director; Sherry Williams, Admissions TIME COMPLETED: 04:30 PM

NARRATIVE

PURPOSE OF VISIT:

3 4 5

6

7

8

9 10 11

12

13

14 15

16 17

18 19

20 21

25

As mandated by California law, this visit was performed by the undersigned analyst with the California Department of Social Services (CDSS) on June 11, 2013. This annual evaluation is conducted for the purpose of recertification and to assure that the facility continues to:

 have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision and treatment services to youth in care.

 remain in substantial compliance with California licensing standards and regulations, as well as licensing laws and standards of the state the facility is located - in this case, the state lowa.

CERTIFICATION HISTORY:

Pursuant to California Family Code Section 7911 et al., Forest Ridge - Wallingford was initially certified by the CDSS April 29, 2009; and has been re-certified annually since.

FACILITY INFORMATION, BACKGROUND AND PROGRAM:

Forest Ridge Youth & Family Resource Services was duly incorporated by the lowa Secretary of State as a non-profit corporation on September 17, 2007. The Wallingford facility is comprised of four living cottages for a total of 78 beds.

- Crystal Cottage (24 beds)
- 22 Eagle Cottage (24 beds) 23
 - Oak Cottage (15 beds) Not currently operating
- Anita Cottage (15 beds) 24

The census at the time of visit was 53

SUPERVISOR'S NAME: Mel Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 07/30/2013

Acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/30/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LICROS (FAS) - (GE/D4)

Page: (1964)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY GARE LICENSING DIVISION

CCLD Regional Office, 744 P STREET, NS 8-3-54 SACRAMENTO, CA 95814

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: FOREST RIDGE YOUTH SERVICES: WALLINGFORD

FACILITY NUMBER: 602300083

VISIT DATE: 06/11/2013

	NARRATIVE
1 2	CA PLACEMENTS AND PLACING AGENCIES:
3 4 5	At the time of this year's visit, there were four female CA foster youth in placement at the facility. Three were placed by San Bernardino County Probation and one by Kern County Probation.
6	IOWA LICENSING INFORMATION:
8	The following licenses are currently in effect:
10 11	Oak Hall Capacity: 15
12 13	Date of Last Licensing Review: 9/25/2012 Status: Full three year license issued 10/1/2012
14 15	Eagle Cottage Capacity: 24
16 17	Date of Last Licensing Review: 10/24/2012 Status: Full three year license Issued 9/1/2010
18 19 20 21	Crystal Cottage Capacity: 24 Date of Last Licensing Review: 12/7/2012 Status: Full three year license issued 12/1/2012
22 23 24 25	Anita Cottage Capacity: 15 Date of Last Licensing Review: 10/24/2012 Status: Full three year license issued 9/1/2010
26 27 28 29 30 31 32	As part of the re-certification process, Ilcensing reports were collected from lows Licensing and the licensing surveyor was spoken with regarding the facility's status and compliance history. The facility is in good standing and there are no administrative actions pending. Review of licensing reports reflect some minor violations which were responded to and corrected in a timely manner. As previously stated, the licensed capacity for the facility is currently 78. Each residential half is licensed individually by the lowa Department of Human Services as a "Community Residential" facility with the exception of Anita Cottage which is licensed as a "Comprehensive Residential" facility.
SUPE	RVISOR'S NAME: Mei Yuk Kung TELEPHONE: (918) 327-8763
LICE	NSING EVALUATOR NAME: Carol Lancaster TELEPHONE: (918) 838-5751
LICE	ASING EVALUATOR SIGNATURE:
/	DATE: 07/30/2013
Tacki	lowledge receipt of this form and understand my appeal rights as explained and received.
FACI	LITY REPRESENTATIVE SIGNATURE:
	Jennje Nevert DATE: 07/30/2013
LICESS (Page: 2,0%)

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-64 SACRAMENTO, CA 80814

FACILITY NAME: FOREST RIDGE YOUTH SERVICES: WALLINGFORD

FACILITY NUMBER: 602300063

VISIT DATE: 06/11/2013

NARRATIVE

FIRE CLEARANCE

2

345

6 7

89

10 11

12

13 14

19 20

21

22 23

24

29 30

31

Fire inspection documentation reflects that the four living cottages which comprise Forest Ridge's Wallingford site were last inspected on July 25, 2012 and found to be in substantial compliance by the lowa State Fire Marshall.

ACCREDITATIONS:

Forest Ridge has their own school. Educational programming (to include academic, vocational and physical educational curriculum) is provided at one of the other Forest Ridge sites located nearby. The clients are transported to and from the site every school day. The school is under contract with the Estherville Lincoln Central Community School District.

Forest Ridge is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities.) The most recent survey was performed April 16-18, 2012 and is good through March 2015.

SCOPE OF RE-CERTIFICATION REVIEW:

- Entrance and exit interview with Jen Sievert, Executive Director, Shawn Connelly, Assistant Director, and other members of the administration and management team.
- Collection of current organizational and program information.
- Walking tour of the facility - inside and cut.
- Discussion on serious incident reporting, personal rights and AB 12.
- Client interviews (4)

FINDINGS, COMMENTS, PLAN OF CORRECTION:

This was the undersigned analyst's first visit to the Forest Ridge facilities. FRYS appears to offer female youth a good opportunity to change the course of their lives through the female responsive programming offered. Facility appears to be in substantial compliance with licensing rules of lowa and California. No deficiencies cited. Re-certify through June 2014.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 07/30/2013

Facknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

Knufe Nevert

DATE: 07/30/2013

LIC809 (FAS) - (06/04)

Pege: 3 Mily